

## Schedule P – Personal Data

(To be completed by the Managing Officer or Designated Agent and anyone who has 10% or more interest in the business.)

## PLEASE PRINT OR TYPE - Attach additional paper if necessary

Name:		Maiden Name:		
Home Address:				
	Street	City	State	Zip
			mber:	
E-mail Address:				
Business Name:		Bu	siness Phone:	
Business Address:	Street	C'	0.	
	Birth Place:		State  Right Date:	Zip
	m above):			
	en? [ ] Yes [ ] No Date and place			
ž	arrested, indicted, or convicted for	•	or state law? [ ] Yes [ ] N	0
If yes, provide addit	tional documentation and list all det	tails.		
3. List employers for the	he past five (5) years. If self-emplo	yed, state nature of business	s and location.	
NAM	TE	ADDRESS	PHONE	DATES
4. What percentage of	the business do you own?	%		
	e application for a liquor license that	_	ld a liquor permit that was s	uspended or revoked?
-	If yes, provide and/or list additional			_
6. Do you or any mem	ber of your immediate family have	a direct or indirect interest in	n any other active liquor lice	ense?
[]Yes[]No If	yes, please provide additional infor	mation:		
I have familiarized mys	elf with the provisions of Chapters	s 10 and 50 of the Code of	f General Ordinances of the	e City of Kansas City
Missouri and agree to co	omply with these provisions in the co	onduct of this business.		
	nforcement, probation and parole ag			
	ty number trace. I understand that fu I also understand that there is no re			
denied.	Tuiso anderstand that there is no re	rand of the fee which decon	ipames uns appreation ii, iv	7 uny 10u5011, 1t 15
Ţ	1	being of lawful age and duly	v sworn upon my oath decla	are that I have read this
application and fully und	, l derstand same and that I know the c	ontents thereof and answers	and statements contained th	nerein and the same are
true.				
SIGNATUI	RE OF APPLICANT		<u></u>	DATE